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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/035,074 12/28/2001 PAT 6,695,882  
 which is a CON of 09/453,787 12/03/1999 PAT 6,409,765  
 which is a DIV of 08/867,963 06/03/1997 PAT 6,033,438

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY FL	SHEETS DRAWING 21	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 3

**ADDRESS**

52196

**TITLE**

OPEN INTERVERTEBRAL SPACER

FILING FEE RECEIVED 8426	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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